MAIL THIS APPLICATION, YOUR CHECK & applicable certificates to: NEWSTEAD TOWN CLERK P.O. BOX 227, AKRON, NY 14001

DOG IDENTIFICATION		New York State Department of			DL-1 Rev. 09/04
License No.	Chk Code	Division of Anim 10 B Airline Drive - Albai		RABIES CERTIFICATE REQUIR	ED
		518-457-2		Rabies Vaccine:	
Date Issued Expiratio	n Date	DOG LIC	ENSE	Manufacturer	
Dog Breed	CODE	Issuing County Cod	de/TCV Code	Serial Number	
Dog Color(s)	CODE(S)			One Year Vacc.	Three Year Vacc.
Other ID Dog's Yr. o Birth Last 2		LICENSE T	YPE RENEWAL	Date Vaccinated	
Markings Dog's	Name	TRANSFER OF	OWNERSHIP	Veterinarian	
Owner Identification (Person v	who harbors or k	eeps dog): Last First M	/liddle Initial	0	wner's Phone No.
					Area Code
Mailing Address: House No. Str	eet or R.D. No. an	d P.O. Box No.		Phone N	10.
City	<u> </u>		State Zip		County Code
County		Town, City or Villa	age	T	own, City, Vil. Code
TYPE OF LICENSE State Fee	Spay/Neuter Fee	STATE FEE			
1. Male, neutered 2.50	7. (2)	LOCAL FEE			
2. Female, spayed 2.50		LOCAL FEE			
3. Male, unneutered		SPAY/NEUTER FEE			
☐ under 4 months 7.50 ☐ 4 mos. & over 7.50 4. Female, unspayed	3.00	ENUMERATION FEE			
under 4 months		TOTAL FEE	N		
☐ 4 mos. & over 7.50	3.00	S OWNER LESS THAN 18 YEARS OF AGE? THE INFORMATION MUST BE COMPLETED	☐ YES ☐ NO IF YES, PARENT BY THEM	t or guardian shall be deemed th	IE OWNER OF RECORD AND
5. Exempt Dogs: Guide, NO FEE war, police, detection dog, therapy de		THE RES COMPLETED	o i i i i i i i i i i i i i i i i i i i		
war, police, detection dog, therapy do working search, hearing and service		Owner's Signature	Date	Clerk's Signature	Date

PLEASE PROVIDE AN UP TO DATE RABIES CERTIFICATE & SPAY/NEUTER CERTIFICATE(If applicable)

LICENSE COST: \$8.00- Spayed/Neutered Dog

\$16.00- Unspayed/Un-neutered Dog